

Brittany Mills, 28; Kamesha Mills, 23 years old.

Manson, Washington, March 10, 2015: Jose Rodriguez, 58 years old; Maria Sedano, 50; Edgar Costumbre, 24.

Glade Spring, Virginia, February 25, 2014: Terry Griffin, 75 years old; Nancy Griffin, 74; Kristin Palmer, 46; Kevin Palmer, 44; Griffin Palmer, 17.

Fontana, California, December 31, 2013: Silvia Miranda, 34 years old; Rayna Miranda, 10; Ramon Miranda, Jr., 12 years old.

#### GOVERNMENT SPIES ON CITIZENS

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, in a secret court, the FBI quietly revised its privacy policy for searching through data that is collected on Americans by the NSA. The NSA, which I call the National Surveillance Agency, gives the FBI access to not only the data it collects but to the content of personal communications, like emails, texts, and phone calls.

What the intelligence agencies have been doing is lawfully collecting information on foreign terrorists but, at the same time, creating large databases of information that also contains information on American citizens. This identifying information is then used for what the FBI calls routine searches that are unrelated to national security.

Mr. Speaker, the FBI does not obtain a court-approved Fourth Amendment warrant for these searches. This leeway by the NSA and the FBI allows for a backdoor to spy on Americans. Thus, the FBI is ignoring the U.S. Constitution.

The NSA and the FBI will continue to violate the constitutional protections that are guaranteed to all Americans unless Congress intervenes and protects and upholds the right of privacy of all Americans.

And that is just the way it is.

#### WOMEN'S HISTORY MONTH

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise to commemorate Women's History Month.

As one of the 108 women in Congress today, I am thankful to follow the trail blazed by so many American women who demanded the right to vote and participate in our democracy.

I am inspired by recent historic milestones, for example, of the first women ever who are graduating from the Army's elite Ranger school and of the Department of Defense, which is finally expanding all combat roles to qualified servicewomen. These achievements are further proof that women can break any barrier if they are given the chance, if they are willing to, and if

they are given the support and opportunity to do so.

Unfortunately, today's widespread social and economic inequalities disproportionately hurt American women. In 2016, a typical woman in America earns only 79 cents to the dollar that a man earns. Over a lifetime, that is \$400,000 of wages lost, and she risks losing her job if she needs to care for her children or sick family members.

So we take this month to thank America's women, but there is a lot more to do.

#### CONGRATULATING DUNBAR HIGH SCHOOL

(Mr. VEASEY asked and was given permission to address the House for 1 minute.)

Mr. VEASEY. Mr. Speaker, I rise to congratulate Dunbar High School for its recent advancement to the UIL 5A Texas State basketball tournament.

Dunbar High School has been recognized throughout the years for both its academic and athletic achievements, with the fine Wildcats' basketball success being the latest. The Wildcats were led by Coach Robert Hughes, Jr., and they fought their way all the way to the State tournament in San Antonio, Texas. The team entered unranked and as one of only two qualifiers that were unranked.

Dunbar, a three-time champion, is no stranger to big games, with their last trip being in 2007. They won the UIL State Basketball Championship in 1963, 1965, 1967, 1993, 2003, and 2006. Back in the sixties and early nineties, they were under the leadership of Coach Robert Hughes, Sr.

Today I am proud to recognize the success of Dunbar High School's basketball team and their outstanding 23-12 record. They have made Fort Worth very proud, and I wish the program continued success.

#### VETERANS WHO RETURN HOME WITH THE MENTAL WOUNDS OF WAR

The SPEAKER pro tempore (Mr. BUCK). Under the Speaker's announced policy of January 6, 2015, the gentleman from New York (Mr. ZELDIN) is recognized for 60 minutes as the designee of the majority leader.

##### GENERAL LEAVE

Mr. ZELDIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous materials on the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. ZELDIN. Mr. Speaker, tonight I rise on behalf of our veterans who return home with the mental wounds of war.

For generations, we have sent our sons and daughters into harm's way.

For generations, they have served this country honorably. They don't come home in the same way they left. There were generations who came back to the United States who didn't even receive a "thank you." There was not even a handshake or a hug waiting for them.

For our Vietnam veterans who are watching at home, we say to this day, "welcome home," because when they first came home, they were spat on. Fortunately, we have learned a lesson from that generation. For me and my generation, as we return from Iraq and Afghanistan, there is a "thank you," but there is so much more that needs to be done.

That is why we are here tonight for this Special Order. It is on behalf of our veterans who return home with the mental wounds of war.

Each and every one of our congressional districts is home to these veterans. For me, I represent Suffolk County, New York, on the east end of Long Island. We are proud of not only having the highest veterans' population of any county in New York, but of having the second highest veterans' population of any county in the country.

We have veterans who come home to family, to friends, and to people with whom they work who don't understand what it is their loved one or colleague is going through. Isolated and alone, too many of our veterans are losing their struggles with posttraumatic stress disorder and traumatic brain injury, and there is so much more that each and every one of us can do on their behalf.

Tonight is a bipartisan Special Order. We are joined by my colleague from Arizona, who has led the fight on a national level on behalf of men and women from all corners of this country who are struggling with recoveries from suicide attempts, and who has led in the effort to prevent that attempt in the first place.

I yield to the gentlewoman from Arizona (Ms. SINEMA).

□ 1645

Ms. SINEMA. Mr. Speaker, I thank Congressman ZELDIN for organizing this Special Order hour and for bringing attention to this important issue.

An estimated 22 American veterans die by suicide every day. These men and women are our neighbors and our friends, our sons and our daughters, our mothers and our fathers.

Veteran suicide is too important an issue to be overshadowed by bipartisan politics. It is why we have come together tonight to show our commitment to veterans who have given so much to keep America safe.

We must do more—Congress, the VA, the American public—to end the epidemic of veteran suicide and to ensure veterans and their families have access to the best possible mental health care. This is a responsibility we all share.

That is why I support Congressman ZELDIN's legislation, the PFC Joseph P.

Dwyer Veterans Peer Support program, to expand access to peer-to-peer counseling for veterans.

A battle buddy can open the door to the care and support a veteran needs, and we must support efforts to expand the availability and accessibility of mental health care. No one who returns home from serving our country should ever feel like he or she has nowhere to turn.

I have often shared this story of a young veteran in my district, Sergeant Daniel Somers. Sergeant Somers was an Army veteran with two tours in Iraq.

Diagnosed with a traumatic brain injury and post-traumatic stress disorder, Sergeant Somers ultimately took his own life after struggling with the VA bureaucracy and not getting the help he needed in time.

Together with the Somers family, we have worked to develop legislation to ensure that all veterans, including those with classified experiences, get immediate access to mental health services in the appropriate care setting.

The Daniel Somers Act was combined with Congresswoman JULIA BROWNLEY's Female Veteran Suicide Prevention Act and passed unanimously by the House of Representatives.

Senator JON TESTER introduced companion legislation in the Senate, and we continue to work to get this bill signed into law.

I pledge to continue working with my colleagues to ensure that no veteran feels trapped like Sergeant Somers did and that all of our veterans have access to appropriate mental health care.

Mr. Speaker, I thank Congressman ZELDIN for his work on behalf of our veterans and for hosting this bipartisan Special Order on veterans mental health care.

Mr. ZELDIN. Mr. Speaker, I commend Representative SINEMA for her efforts on behalf of the Somers family.

We lose a lot of our sons and daughters in harm's way, and there is reflection for that family as to what that sacrifice accomplished. I guess it depends on the year, the place, the circumstances.

But the Somers family knows that they have a champion here fighting on their behalf so that the sacrifice was not for naught. A legacy is left behind that those who struggle moving forward might have a helping hand.

I thank Ms. SINEMA for her advocacy not just on behalf of the Somers family in her district, but for all of our veterans who need more help all across America.

At this time, I would like to recognize the gentleman from Pennsylvania (Mr. ROTHFUS) and thank him for his efforts in his home State and for joining this cause tonight on behalf of our veterans who not only are going to benefit from the immediate effort of this Chamber with all the different ideas that are before it now, but really

for the decades and generations still to serve ahead.

I yield to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I thank the gentleman from New York for his service to this country, having himself put on the uniform prior to his coming to this Congress.

He is one of the greatest assets we have in this Chamber. It is just a real pleasure to have gotten to know him over the last year and a half and to call him a friend.

When this country makes a decision to send people to war, we need to understand that the people own that decision. What does that mean?

It means, when we put people out in harm's way, our servicemen and servicewomen, we better be there when they come home. It is the principle of solidarity. They stand for us. We have to stand for them.

I am joining this Special Order today because I want to again bring attention to this serious issue that should trouble everyone's conscience.

We have been made painfully aware in the past several years that the VA has failed in a number of ways to adequately serve our Nation's veterans. As I understand it, while most Americans are patriotic, too few have taken the time to develop empathy for what our veterans go through, especially in combat.

Mr. Speaker, everyone in America needs to be engaging our veterans. This is all hands on deck. We all know veterans. It is good to ask them about their service and to walk with them.

As I have talked to veterans across my district, I asked for some emails from them because I knew I was going to be coming to have this Special Order.

"The United States isn't united in purpose," one veteran explained to me. "We're divided, fighting a global war with a peacetime mindset. Americans have never been farther away from our Nation's veterans . . . from what it takes to defend our Nation's freedom. The true cost of war is lost on most."

The failure to understand what veterans have gone through is not just characteristic of the broader population, but it is also a problem at the VA, an agency that should strive to fully understand the experience of our servicemen and -women so that they can better serve them.

Many veterans suffering with mental health issues as a result of traumas experienced during their service have too often been left to fend for themselves.

In fact, the VA has come up short so often it has risen to the level of a scandal, with an estimated 22 veteran deaths per day, or over 8,000 annually, as a result of mental health issues.

One young veteran told me about the condescending and patronizing language used by some—let me emphasize some—VA staff.

There are VA staff on the front lines who are very dedicated and very com-

mitted to serving our veterans. It is disturbing that we would have some who don't see it that way.

He told me that one staff stooped so low as to call veterans bums when they were seeking financial assistance during hard times.

It is outrageous and painful to think that men and women who are willing to die for this country are not being treated with the utmost dignity and respect. But that is the tragic reality, and it is unacceptable.

The good news is that we can and must do better. I have heard directly from veterans in my district about what they believe can be done to improve this startling trend.

I have been working to reform the VA throughout my time in Congress to improve its standards and ensure quality service for our veterans by increasing accountability within the agency. Beyond this, however, there are commonsense and innovative ways we can help veterans.

One of them is to facilitate veteran peer support programs. Veterans want to help each other. Because while many VA employees may have never served in the military, the men and women of our Armed Forces have experiences in common that civilians do not share.

Less than 1 percent of Americans serve in the military and fewer still see combat. They truly understand each other. They speak each other's language, so to speak. The VA should not be an obstacle to veterans coming to each others' aid.

Another veteran told me this: "Peer-to-peer counseling for combat veterans is a critical aspect of a multifaceted approach to healing an invisible wound that lacks a universal fix."

"The universal nature of recognizing that the veteran is not alone: acknowledgement other veterans have faced the same problems and situations, and hope from their stories of triumph over their demons, enables the combat veteran to take the critical steps of admitting to themselves they have a problem."

It helps them take the "seemingly hardest step of admitting they are not in a hopeless situation," this veteran told me.

He also told me, "Peer-to-peer counseling helps the counselor as much as the counseled via preservation of camaraderie and the fulfillment of helping their own."

Far too many veterans experience hopelessness and isolation even though they do not have to. This needs to change, and I am sure that we can do better for the men and women who risked everything to protect our way of life.

Mr. Speaker, the VA's inadequacies are unacceptable, and the agency should embrace commonsense solutions to provide veterans with higher quality, effective treatment and opportunities for healing.

I laud my colleague, Representative ZELDIN, for his PFC Joseph Dwyer Veterans Peer Support program. As I

looked at this legislation, inevitably, you go look at who Joseph Dwyer was.

I would encourage this country to look at that and to look for the other Joseph Dwyers, to look and reach out to those who have served empathetically.

To our veterans who may be watching today, you are not alone. Thank you for your service.

Mr. Speaker, I thank Representative ZELDIN for his service and for his work on this important piece of legislation. I look forward to further consideration by this House.

Mr. ZELDIN. Mr. Speaker, I thank the gentleman literally for every single word and for his passion and advocacy on behalf of all the veterans not only in his district, but in mine and elsewhere.

It is so incredibly important for the words that we just heard to be echoed throughout this Chamber and inspiration to be found for some of what are great ideas to actually come into effect.

Because while there is one Joseph Dwyer who served our country, as the gentleman just pointed out, there are numerous Joseph Dwyers all around America who have not yet lost their struggles.

Now, it is interesting because we so often call those who lose their bouts with the mental wounds of war—we call it suicide. Joseph Dwyer's last words were, "I don't want to die." He was huffing, trying to get temporary relief from his pain.

The struggles with post-traumatic stress disorder led to him losing his life, and he left behind a young widow and a 2-year-old daughter.

There are Joseph Dwyers all around America who have not yet left behind young children and young widows. It is our duty in this House to fight for them with whatever energy and inspiration that we can find within us to ensure that what starts as a good idea becomes law.

The PFC Joseph Dwyer Veterans Peer Support program is not a new idea. It may be a new idea for this Chamber. We created it in New York State back in 2012. At that time, I was in the New York State Senate, and we created it as part of the 2012-2013 State budget.

As we just heard from the gentleman from Pennsylvania, veteran-to-veteran peer support, veterans helping veterans, is the key.

We started the program in four counties in New York: Suffolk County, which is my home county; Jefferson County, home of the 10th Mountain Division, Fort Drum; Rensselaer County; and Saratoga County.

The program was so successful in these four counties and, by the way, operating at just \$200,000 per county. Here in Washington, we talk about programs in the billions, the trillions, and the hundreds of millions.

In my home county, we helped hundreds of veterans in just that first

year. Hundreds of veterans were helped, over 400, and \$200,000.

We know firsthand how many lives were saved as a result. It was so successful. It started in four counties and expanded to over a dozen. In New York State, we are so proud of the Dwyer program.

I just came to Congress. This is my first term. I was sworn in January of 2015. There may be no other mission during my time here in this Chamber that will be more satisfying for me personally than to do my part to hopefully save at least one veteran's life. But there are so many more that can be saved if this Chamber takes up this bill and makes it law.

It doesn't matter whether you live in one of the most populated counties in America of veterans, like Suffolk, or if you live in a county that might not be that well populated overall anywhere else in this country.

If you raised your hand and you are willing to lay down your life in protection of our freedoms and liberties for that flag, for everything that makes our country great, to protect it and defend it, when you come home, you should have shoes on your feet.

□ 1700

There should be food on your table. There should be a roof over your head. Some come home with the physical wounds of war; others come home with the mental wounds of war.

Our veterans are fighting for us, all of us—not just for their family or friends, but for strangers, too. Isn't it our duty while we are here, as elected representatives, to be fighting for not just those veterans with the mental wounds of war whom we know, but the countless others who are under the radar right now? They are under the radar because they don't know where to go for help.

Within our communities, we have veterans. We have veterans service organizations—you know, like the VFW, the American Legion, the Vietnam Veterans of America, the list goes on—and we have mental health professionals who want to offer their services. We have others who may want to provide a venue for a meeting, others who may want to provide food.

The setting is not that hard to put into place. For someone from our community who may live around the block from any Member of this Chamber, the setting is not that hard to put together for that veteran to go to that room and be with maybe 8, 10 veterans, understanding the struggles that they are going through so that they can share each other's stories and help each other cope with what are the mental wounds of war. It is our duty; it is our opportunity to be able to bring these veterans together and to save lives.

As was noted earlier, the statistics are staggering: an estimated 22 veteran deaths per day—22. That is 8,000 in a year. It was just about a month ago when the Department of Veterans Af-

fairs indicated that 17 of these 22 individuals weren't even in the VA system.

Some don't go for help because they don't know where to go; others might fear the consequences. What is so important is, with the Dwyer program, maintaining confidentiality so our veterans won't fear that they might lose their job because they are going for help. That is incredibly important as well.

A recent New York University Medical Center report indicated over 270,000 Vietnam-era veterans still suffer from post-traumatic stress disorder. These figures are alarming. They are disturbing. The VA doesn't currently offer what we are talking about. This is different.

We are hearing about how some of our veterans are being helped because of pets—dogs, horses—fishing, other activities. Let's think outside the box. Let's not think of just the same way of doing things that have not worked inside the Department of Veterans Affairs. Let's do something different. We are not starting from scratch.

I would encourage any Member of this House to look at what we are doing in my home county of Suffolk. I am proud to say that we are leading the way in America, and there is a model there that works and should be replicated everywhere.

Staffing shortages, untrained support staff, lacking family support services and access to services during nonbusiness hours are just some of the problems that have been reported at the Department of Veterans Affairs.

I recently introduced legislation, H.R. 4513, which would expand nationally the PFC Joseph P. Dwyer Veterans Peer Support program. PFC Joseph Dwyer was from my district. His home was Mount Sinai, New York.

A lot of people know Joseph Dwyer because of an iconic photo from the start of the Iraq war. This picture was on national news. It was on the front cover of magazines. It was that iconic picture of that American soldier post-9/11 at the start of the war holding a wounded Iraqi boy as his unit was fighting its way up to Baghdad.

It looked like Joseph came home in one piece, a hero. While it may have seemed that he came home in one piece because he didn't have some of the physical wounds of war that we unfortunately see from other heroes, he came back with post-traumatic stress disorder.

PFC Dwyer died in 2008. Matina, his young widow, was left behind. Meaghan, his 2-year-old daughter, was left behind.

This was an effort that was launched in his honor, the PFC Joseph P. Dwyer Veterans Peer Support program. It is for our veterans with post-traumatic stress disorder and traumatic brain injury. It provides a safe, confidential, and educational platform where all veterans are welcome to meet with other veterans to build vet-to-vet relationships in support of one another's

successful transition from military life to post-service life.

We were able to conduct 148 group sessions, serving 450 veterans in my home county of Suffolk, just in the first year. Since 2013, the program has helped, now, into the thousands, as we count veterans from across New York with PTSD and TBI.

Through my bill, the Secretary of Veterans Affairs would be authorized to make grants to State and local entities to carry out peer-to-peer mental health programs. The bill would secure \$25 million over a 3-year period to establish a grant program at the VA that will provide up to \$250,000 in funding for all selected entities, such as non-profits, congressionally chartered VSOs, or State or local agencies to implement the peer-to-peer program.

Let's think about that—\$250,000. The Denver VA Hospital construction project, originally budgeted for just over \$600 million, is operating \$800 million to \$900 million over budget—\$800 million to \$900 million over budget.

The Department of Veterans Affairs came to a Committee on Veterans' Affairs hearing, which I am proud to serve on that committee, and they said that they are operating off what they referred to as an artificial budget. Has anyone ever heard of an artificial budget?

I had one colleague who was asking for when she was going to get a timeline of when we would have an actual budget. Unable to get an answer, she asked the follow-up question, not trying to embarrass the Department. She ended up asking the follow-up question of when she was going to get a timeline of when she was going to get a timeline of when we were going to have an actual budget.

When \$800 million to \$900 million ends up getting spent over budget, think of the hundreds of veterans in one county alone who could be helped for just \$200,000. The money is there.

When the Secretary of the VA, when the Department of Veterans Affairs signs off on a relocation and incentive bonus for one of their own, whose position is in Washington, D.C., and she wants to go to Philadelphia, where her family is, and take over a position in charge of their Veterans Affairs hospital, she arranges a move to get the person, the gentleman in charge of the Philly VA hospital moved to Los Angeles. So now she gets the job she wanted. She is closer to family, and she gets herself a relocation and incentive bonus over \$200,000.

The Office of Inspector General was outraged. They made a report recommending that this gets referred to the Department of Justice. The Department of Veterans Affairs was so outraged at this report from the inspector general that they ended up turning on their own inspector general, not referring anything to the Department of Justice.

One of the responsibilities of this House is oversight. You look at our

Constitution. Article I is long, all the powers granted to Congress. Look at the powers of the President and the executive. It is short. Within that article, it talks about the oversight of this body, oversight to make sure that money is being spent appropriately, wisely, efficiently, and that people are held accountable when they are not doing the right thing on behalf of our veterans.

My bill would effectively and efficiently, as it has proven, provide 24/7 peer-to-peer mental health services by trained peer specialists for veterans, Reservists, and National Guardsmen wherever and whenever they are needed.

In addition, the Dwyer program will provide group and individual meetings to help foster a greater sense of inclusion and community amongst our veterans and, as I mentioned earlier, the program also addresses the many privacy concerns that veterans and other servicemembers have, as the Dwyer program representatives themselves will be veterans and would not be responsible to the Department of Veterans Affairs, therefore easing reporting concerns.

This is a bill that I have been working on since I took office in January 2015, working closely with the House Committee on Veterans' Affairs that I serve on, the American Legion, other VSOs, the National Disability Rights Network, various healthcare providers on Long Island, as well as my Veterans Advisory Panel, which is made up of representatives from veterans groups and veterans themselves.

I want to thank the Dwyer family for all the inspiration the sacrifice of Joseph has provided to so many in our community and our country, and for me included. There would not be a Dwyer program in the State of New York without the sacrifice of Joseph Dwyer.

I want to thank the county of Suffolk and specifically Tom Ronayne, who runs the Veterans Service Office, for the countless hours and the love that he and his team have put into this effort that we talk about here tonight on the House floor; to Chris Delaney, Joseph's friend, who has served our country as well as Tom has and has done so much through his work with 9-1-1 Veterans and also serving on my Veterans Advisory Panel.

I think of so many individuals who have given so much of their personal time to make this work. It is an honor to be here on behalf of that team advocating for this cause.

I unapologetically love my country. I believe that we live in the greatest Nation in the world. I will say that the highlight of my day during my time in Iraq was going back to my tent at the end of the day. There would be care packages waiting for us from strangers—8-year-olds, 9-year-olds from other corners of the country—with pictures of tanks and flags and soldiers, cards saying, "Thank you for your service."

The generation that came before me didn't get that treatment.

Just think. Right now we have servicemembers in Iraq, Afghanistan, and elsewhere who were 4 years old on 9/11. Their entire generation, it is all they know. They went through their entire life, from 4 years old to today, knowing exactly what they were signing up for; and actually knowing what they were signing up for gave them all the motivation and inspiration in the world they needed to put on that uniform.

It is a great feeling the first time you get to put on our Nation's uniform. For me, it wasn't a feeling that I had about myself when I looked in the mirror and I saw myself wearing a uniform. It was thinking of those generations who came before us, like our Nation's Greatest Generation. It is a challenge for our generation to earn the title of our Nation's next Greatest Generation. Maybe that generation is now serving here in this Chamber where 31 Members of the House are under the age of 40, including new Members who have come in who served in Iraq and Afghanistan.

□ 1715

As I think about that 8-year-old and 9-year-old who wrote that card to that stranger they did not know and as we stand here today enjoying our freedoms, we think of those who are in harm's way—strangers—we don't know them—they are going to come back after seeing things none of us would ever want to see in our lives. And will we be there for them?

Mr. Speaker, there is one other bill that was filed in this Chamber called the Fairness for Veterans Act. An Iraq veteran from Long Island, Kristofer Goldsmith, received a general discharge, which is a less-than-honorable discharge.

As a result, he doesn't have the same veterans benefits that someone who is separated with an honorable discharge would receive. He came back with post-traumatic stress disorder. He attempted to take his own life.

When your post-traumatic stress disorder ends up leading to a discharge with a less-than-honorable discharge, isn't it our responsibility to ensure that they have the ability to diagnose and treat their post-traumatic stress disorder?

What if they are applying for an upgrade of their discharge status? Should we put the burden on that veteran to prove that the circumstances that led to their discharge is connected to their post-traumatic stress disorder? No.

This bill addresses that by putting the burden on the government to show that the circumstances weren't connected to what led to that discharge.

We must fight for all our veterans who are willing to fight for us. My bills will bring much-needed support—the Dwyer Program and the Fairness for Veterans Act—to millions of veterans, if you think of all those not only serving now, but in the future, and their families.

Passing these bills and others to address veterans' mental health is of the highest priority for many of us in this Chamber. I will work every day in Congress to spread awareness of these two bills and gather cosponsors and the support of veterans groups and mental health organizations from all across the country so that we pass this bill as soon as possible.

One last word about our families. We often say thank you to our veterans, as we should. We say thank you to our first responders, our law enforcement, our volunteer firefighters, our EMTs.

There are so many people who try to give back and who believe in service because they love their community, their State, their country. They want to give back. They want to leave this place better than they found it.

When I was in Iraq this past Christmas, I met the Command Sergeant Major for the 82nd Airborne Division. He is on his 11th deployment. I spoke earlier about that veteran who was 4 years old on 9/11. We also have that Command Sergeant Major of the 82nd Airborne Division who was on his 11th deployment.

My daughters were born 14½ weeks early. They were less than a pound and a half when they were born. They spent their first 3½ months in the hospital. After they came out of the hospital—I was stationed at Fort Bragg, North Carolina, at the time—I came across this woman who had three sets of triplets. She lost one from each set. All six of her kids had special needs.

Her shopping cart was full. Her husband was on another deployment to Iraq. With a smile on her face, with a very positive attitude, she is telling my wife and I all the resources that were available to us on Fort Bragg so that we could be better parents.

That was the last time my wife or I would ever have the nerve to feel sorry for ourselves for what we were going through with our daughters. They came home with about a dozen medications and heart monitors. They were going through a hard time.

But this woman, with her husband on another deployment, her shopping cart full, with six special needs kids with her as she is walking through the Fort Bragg commissary, with that positive attitude and a smile on her face, helping us be better parents, I realized that, when she was going to go home, no one was going to be waiting with an outstretched hand and a hug and say: Thank you for your service.

These bills and this effort tonight are for our veterans and their families in need, and it is the way that we give back. This is how to say a proper thank you.

Mr. Speaker, I yield back the balance of my time.

## PUBLICATION OF BUDGETARY MATERIALS

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON THE BUDGET,  
Washington, DC, March 15, 2016.

Re Communication from the Chairman of the Committee on the Budget.

DEAR MR. SPEAKER: Section 3(h) of House Resolution 5 requires the concurrent resolution on the budget to include a section related to means-tested and non-means-tested direct spending programs. It also requires the Chair of the Committee on the Budget to submit a statement in the Congressional Record defining those terms prior to the consideration of such concurrent resolution on the budget.

Enclosed please find two tables prepared in order to fulfill this requirement. I have also included a communication and associated tables from the Director of the Congressional Budget Office, with whom I have consulted in the preparation of this material. While the non-means-tested list is not exhaustive, all programs not considered means-tested can be considered non-means-tested direct spending.

Sincerely,

TOM PRICE, M.D.,  
Chairman,  
Committee on the Budget.

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
Washington, DC, February 16, 2016.

Re Spending for Means-Tested Programs in CBO's Baseline, 2016–2026.

Hon. TOM PRICE, M.D.,  
Chairman, Committee on the Budget, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: As you requested, enclosed are two tables that show federal spending for the government's major mandatory spending programs and tax credits that are primarily means-tested (that is, spending programs and tax credits that provide cash payments or other forms of assistance to people with relatively low income or few assets):

Table 1 shows CBO's January 2016 baseline projections for the 2016–2026 period.

Table 2 shows historical spending data from 2006 through 2015 along with CBO's estimates for 2016.

Each table also includes a line showing total spending for mandatory programs that are not primarily means-tested. (Some of those programs—the student loan programs, for example—have means-tested components, however.) The tables exclude means-tested programs that are discretionary (such as the Section 8 housing assistance programs and the Low Income Home Energy Assistance Program). However, each table shows discretionary spending for the Federal Pell Grant Program as a memorandum item because that program has discretionary and mandatory components and because the amount of the mandatory component depends in part on the amount of discretionary funding.

In The Budget and Economic Outlook: 2016 to 2026, which CBO published in January 2016, mandatory outlays for means-tested programs are projected to grow over the next decade at an average annual rate of 4.3 percent, compared with an average rate of 5.5 percent for non-means-tested programs, such as Social Security, most of Medicare, and civilian and military retirement programs (see Table 1). Mandatory outlays in 2016 will be boosted by an estimated shift of \$39 billion in payments from fiscal year 2017 to 2016 (because October 1, 2016, falls on a weekend). If not for that shift, mandatory outlays for means-tested programs would grow over the next decade at an average annual rate of 4.4

percent, compared with 5.7 percent for non-means-tested programs. Compared with growth from 2007 through 2016, projected growth from 2017 to 2026 (adjusted for shifts in the timing of payments) is much lower for means-tested programs (which will have grown at an average rate of 7.2 percent from 2007 to 2016, by CBO's estimate). In contrast, projected growth for non-means-tested programs (which will have grown at an average rate of 4.8 percent from 2007 to 2016, CBO estimates) is almost one percentage point higher per year, in part because of the aging of the population (see Table 2).

Overall, the growth rates projected for total mandatory spending over the coming decade are slower than those of the past 10 years—by about one-half of a percentage point per year, on average. However, most of that difference results from the shift of some payments from 2017 to 2016. If not for that shift, the average growth rate projected for total mandatory spending over the coming decade would be 5.4 percent, equal to the rate recorded for the past 10 years.

A number of programs shown in Tables 1 and 2 have been or are scheduled to be significantly affected by changes in law. The most recent recession and the continuing recovery also exert an influence. As a result, important aspects of the programs in the future may differ significantly from experience over the past decade, and those differences may be the source of some of the variation between the growth rates in the past 10 years and those in the coming decade. For example, spending for several programs—Medicaid, the Children's Health Insurance Program (CHIP), subsidies for health insurance purchased through an exchange, the Supplemental Nutrition Assistance Program (SNAP), and the refundable portions of the earned income and child tax credits—has been or will be significantly affected by program changes that unfold over time:

Medicaid spending shot up by 35 percent from 2008 to 2010, during the most recent recession, both because of enrollment growth and as a result of a temporary increase in the federal matching rate. After dropping off a bit subsequently, that spending has been boosted by the expansion of Medicaid coverage under the Affordable Care Act. As that expansion has been phased in, spending for the program increased by 32 percent from 2013 to 2015 and is projected to rise by 9 percent in 2016. Under current law, the rate of growth in Medicaid spending would decline through 2019, CBO projects, after which it would largely level off at a rate of roughly 5 percent per year through the end of the projection period.

Under current law, spending authority for CHIP will expire at the end of fiscal year 2017. Consistent with statutory guidelines, CBO assumes in its baseline spending projections that annual funding for the program after 2017 will continue at \$5.7 billion.<sup>1</sup> As a result, in CBO's baseline, spending for CHIP is projected to drop to \$11 billion in 2018 and to about \$6 billion in subsequent years; it had grown from \$5 billion to \$13 billion from 2006 to 2016.

Payments of subsidies for health insurance purchased through an exchange began in January 2014 and totaled \$27 billion in fiscal year 2015. They are projected to continue to grow rapidly between 2016 and 2018, largely as a result of significant growth in enrollment. CBO and the staff of the Joint Committee on Taxation project annual growth averaging about 4 percent between 2019 and 2026.

SNAP spending increased markedly during the most recent recession—roughly doubling between 2008 and 2011—as more people became eligible for those benefits. In addition,